



TOWN OF MASHPEE

Plan Review Application

Print

Date: _____

Project Address: _____

Check all that applies: Special Permit from Planning Board Special Permit from ZBA

This is an **Informal meeting** This is a **Formal Meeting**

Business Name: _____

Owner/Agent: _____ Tel No. _____

Email: _____ Fax: _____

Architect/Engineer: _____ Tel No. _____

Email: _____ Fax: _____

Zone: _____ Lot Size: _____ Frontage: _____

Number of Building(s): Existing: _____ Proposed: _____

Sq. Footage for proposed new building _____

Project would be described as: Residential Cluster development Office Automotive

Commercial Wholesale Industrial Institutional Medical Office Auto Body Shop

Change of USE Other: _____

Describe Proposed Use(s):** _____

Parking Spaces: Required: _____ Provided: _____ On Site: _____ Off Site: _____

Handicapped Spaces: _____

Flood Zone: YES NO **Wetlands:** YES NO **Any Storage Tanks** YES NO

Any Hazardous Waste to be stored on site YES NO

Cape Cod Commission Approval required YES NO **If YES, date of Approval:** _____

****If necessary, you can attach a separate sheet which describes the project in more detail.**